

FILED

May 03, 2004 08:00 AM
Secretary of State**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L02000016659

1. Entity Name
REALTYNET REALTY, L.L.C.Principal Place of Business
1721 SAN MARCO ROAD
MARCO ISLAND, FL 34145Mailing Address
1721 SAN MARCO ROAD
MARCO ISLAND, FL 34145**DO NOT WRITE IN THIS SPACE**

04292004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
51-0424492Applied For
Not Applicable5. Certificate of Status Desired ☐\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROCHE, CHRISTOPHER A ESQ
229 NORTH COLLIER BLVD.
MARCO ISLAND, FL 34145**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent Signature required when resigning)

DATE

Filing Fee is \$50.00
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MAILE, CORY S
STREET ADDRESS	1742 HUMMINGBIRD COURT
CITY-ST-ZIP	MARCO ISLAND, FL 34145
TITLE	MGRM
NAME	MAILE, RENEE S
STREET ADDRESS	1742 HUMMINGBIRD COURT
CITY-ST-ZIP	MARCO ISLAND, FL 34145
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000146265
05/03/04-80058-009 50.00**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

239-389-
4/27/04 1711